

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	NOLL 1-21
Doc ID	1355764

Tops

Name	Top	Datum
Pleasanton	4450	-1319
Marmaton	4500	-1369
Pawnee	4584	-1453
Ft Scott	4611	-1480
Cherokee Shale	4624	-1493
L/Cherokee Shale	4655	-1529
Johnson	4714	-1583
Morrow	4784	-1653
Mississippian	4880	-1749
LTD	4990	-1859

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	NOLL 1-21
Doc ID	1355764

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4577-4581	perf gun	4587



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1758
7854

Invoice # 810046

TICKET NUMBER 51767
LOCATION Oshtemo KS
FOREMAN Jerry Y
Well 01

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-11-17	3613	Knolls 1-21 <i>anno</i>	21	175	346	Scott	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Hartman Oil		3545 W. Jones Avenue		731	Cory D		
CITY		STATE	ZIP CODE	772 T-129			
Garden City		KS	67846				

JOB TYPE Port Caller HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER PC @ 2351
 SLURRY WEIGHT 12.5 SLURRY VOL 1.89 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting & rig up on Eldridge Well some hard tubing & mix gal
Test tool 1200# held open tool & taking rate 3 bbl/pm @ 400# mix @ 20
sk/s blebbed III with 500# hulls pump up & displac 12 1/2 bbl close tool
Test 1200# held 5 min. released back run 6 ft & recovered clean with 50
bbl

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	40	MILEAGE	715	286 ⁰⁰
CE0710	18.06	ton mileage delivery	175	1264 ²⁰
CC5831	420 sks	Liteblend III	1750	7350 ⁰⁰
CC6075	105 #	flaseal	300	315 ⁰⁰
CC6080	500 #	cottonseed hulls	50	2500 ⁰⁰
CC5965	500 #	gal	30	150 ⁰⁰
			Subtotal	11,515 ²⁰
			- 408	4606 ⁰⁰
			Subtotal	6909 ¹²
			SALES TAX	411.32
			ESTIMATED TOTAL	7320.44

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AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 138720

Invoice Date: Sep 19, 2013

Page: 1

Bill To:
Hartman Oil Co., Inc. H2 Drilling & H2 Trucking 3545 W. Jones Avenue Garden City, KS 67846

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Hart	61153	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Sep 19, 2013	10/19/13

Quantity	Item	Description	Unit Price	Amount
		Noll #1-21 85033		
225.00	CEMENT MATERIALS	Class A Common	17.90	4,027.50
4.00	CEMENT MATERIALS	Gel	23.40	93.60
8.00	CEMENT MATERIALS	Chloride	64.00	512.00
243.30	CEMENT SERVICE	Cubic Feet	2.48	603.38
610.71	CEMENT SERVICE	Ton Mileage	2.60	1,587.85
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
55.00	CEMENT SERVICE	Pump Truck Mileage	7.70	423.50
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
55.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	242.00
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	OPERATOR ASSISTANT	Kevin Ryan		

**NEW WELL
DRILLED**

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,412.04

ONLY IF PAID ON OR BEFORE
Oct 14, 2013

Subtotal	9,277.08
Sales Tax	377.60
Total Invoice Amount	9,654.68
Payment/Credit Applied	
TOTAL	9,654.68

Handwritten signature

9-30-13

ALLIED OIL & GAS SERVICES, LLC 061153

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Oakley K's

DATE <u>9/19/13</u>	SEC <u>8</u>	TWP. <u>17S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00pm</u>	JOB FINISH <u>1:30pm</u>
LEASE <u>Nell</u>	WELL# <u>1-21</u>	LOCATION <u>Scott Co. N 10 190 W 30</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			Character <u>1W Windo</u>				

CONTRACTOR H2 #4
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 345'
 CASING SIZE 8 5/8 DEPTH 245' 65
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT

OWNER Same
 CEMENT AMOUNT ORDERED 225 Com 370CC
290 gal

COMMON	<u>225</u>	@	<u>17.20</u>	<u>4027.50</u>
POZMIX		@		
GEL	<u>48</u>	@	<u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>8</u>	@	<u>64.00</u>	<u>512.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>Alan P. King</u>
# <u>23-281</u>	HELPER	<u>Kevin King</u>
BULK TRUCK	DRIVER	<u>Elio (TMS)</u>
# <u>396</u>	DRIVER	

HANDLING 243.3 @ 2.40 603.72
 MILEAGE 2.20 @ 7.00/mile 15.40 700 1587.87
 TOTAL 6824.35

REMARKS:
Run Cpg, Calculate Max Cement, Displace
Cement. Shut in.
Cement bid Actuals
T. King
Alan, Kevin, SPOB

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>1572.25</u>
EXTRA FOOTAGE	@
MILEAGE	<u>55 miles</u> @ <u>7.20</u> <u>423.50</u>
MANIFOLD	@
<u>Lite Vehicle 55 Miles</u>	@ <u>4.40</u> <u>242.00</u>

TOTAL 2452.25

CHARGE TO: Hartman Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Gary Artell
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 9,277.10
 DISCOUNT 2,412.04 IF PAID IN 30 DAYS
6,865.05 Net.

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7844
7742

TICKET NUMBER 51752
LOCATION Waldrey, KS
FOREMAN Walt Dunkel

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-26-17	3613	Knolls 1-21 own	21	17 ^s	34 ^w	Scott
CUSTOMER Hartman Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3545 W. James Avenue			753 - miles Shaw			
CITY Golden City			566 - Steven Delal			
STATE KS			697 -			
ZIP CODE 67846			Madax 1/2" X 1/2" E 4 1/2" N W. S.			

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4825' CASING SIZE & WEIGHT 5 1/2 15 1/2"
 CASING DEPTH 4754 DRILL PIPE _____ TUBING _____ OTHER Shoe 22, 36
 SLURRY WEIGHT 14.2# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 22'
 DISPLACEMENT 112.62 DISPLACEMENT PSI 800 MIX PSI _____ RATE 5-6 BPM

REMARKS: See Etx meeting, rig up on Southward #, circ casing on bottom
Put 20 sks in RH, 10 sks in WH.
Pump 500 gal Mud Flush, mixed 100 sks Thixobland III, 5# Kalsol
Clear Pump + Lines, release Plug + Displace 12.5 BBL, H₂O @ 800, Tank @ 1500#
released pressure, Float did not hold
Shut in @ 500#

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co0453	1	PUMP CHARGE	2,800.00	2,800.00
Co0002	40	MILEAGE	7.13	285.20
Co0711	6.11	Ton Mileage Delivery	1.05	660.00
CC5862	130	Thixobland III	26.00	3,380.00
CC6077	650#	Kalsol	1.50	325.00
CC6125	500 gal	Mud Flush	1.65	325.00
CP8485	1	5 1/2 AEU Float Shoe	585.00	585.00
CP8254	1	5 1/2 - Latchdown Plug	400.00	400.00
CP8554	8	5 1/2 - Centralizer?	81.00	648.00
CP8629	1	5 1/2 - Basket	385.00	385.00
CP8776	1	5 1/2 - Portcollar	2,850.00	2,850.00
				12,644.00
Less 40% Disc				5,057.00
				7,586.40
SALES TAX				453.80
ESTIMATED TOTAL				8040.20

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AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.